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Bib Data Sheet

CONFIRMATION NO. 5752

<b>SERIAL NUMBER</b> 10/535,173	<b>FILING OR 371(c) DATE</b> 05/16/2005 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3737	<b>ATTORNEY DOCKET NO.</b> 0518-1149
<b>APPLICANTS</b> Claude Mialhe, Draguignan, FRANCE;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/FR03/50092 10/15/2003				
<b>** FOREIGN APPLICATIONS *****</b> FRANCE 02/14287 11/15/2002				
** SMALL ENTITY **				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> FRANCE	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 15
				<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 466				
<b>TITLE</b> Occlusive device for medical or surgical use				
<b>FILING FEE RECEIVED</b> 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	